

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

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National Stage Processing  
Patent Specialist

(703) 305-8421

SERIAL NO.

10/938011

FILING DATE

Patent Application  
National Stage Processing  
Patent Specialist  
(703) 305-8421

CLAIMS

|              | AS FILED | AFTER                     |                           | AFTER                     |                           |
|--------------|----------|---------------------------|---------------------------|---------------------------|---------------------------|
|              |          | 1 <sup>ST</sup> AMENDMENT | 2 <sup>ND</sup> AMENDMENT | 1 <sup>ST</sup> AMENDMENT | 2 <sup>ND</sup> AMENDMENT |
| 1            | /        | /                         |                           |                           |                           |
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| TOTAL IND.   | 10       | ↓                         | 10                        | ↓                         |                           |
| TOTAL DEP.   | 21       | ↔                         | 20                        | ↔                         | ↔                         |
| TOTAL CLAIMS | 31       | [REDACTED]                | 80                        | [REDACTED]                | [REDACTED]                |

|              | AS FILED | AFTER                     |                           | AFTER                     |                           |
|--------------|----------|---------------------------|---------------------------|---------------------------|---------------------------|
|              |          | 1 <sup>ST</sup> AMENDMENT | 2 <sup>ND</sup> AMENDMENT | 1 <sup>ST</sup> AMENDMENT | 2 <sup>ND</sup> AMENDMENT |
| 51           |          |                           |                           |                           |                           |
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| 98           |          |                           |                           |                           |                           |
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| TOTAL IND.   |          |                           | ↓                         |                           |                           |
| TOTAL DEP.   |          |                           | ↓                         |                           | ↓                         |
| TOTAL CLAIMS |          |                           | ↔                         | ↔                         | ↔                         |